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J END V A		
PLEASE TYPE OR PRINT	Entered previ	ous May Show
	(A	i≊ no
☐ Ms.		
Mr. Artist Double		
Permanent		(Last Name Last)
Address 1904 Pox		
Street		City
44112 Tel. 1216		
Zip Area Code		
Temporary or 1911 F		
Studio Address /76/ T		City
44106 Tel. 1216		
Zip Area Code		
If you do not presently live in		
Western Reserve, in which cou	nty were you bo	orn /
Collaborator		
(If An		
If May Show entries are not ac		ia:
Artist will pick up at Muse  Museum should dispose of		
Museum should ship to art		
to this address:		
Special Instructions		
When necessary include below	instructions or	a drawing of
THICH INCOCSSALY INCOME DETOWN		

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 1, 1984.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Drage fried

DO NOT DETACH